## FULTON COUNTY

## **FULTON COUNTY PURCHASING DEPARTMENT**

Winner 2000 - 2004 Achievement of Excellence in Procurement Award National Association of Purchasing Management

Jerome Noble, Director

July 1, 2005

RE: RFP#05RFQJAIL-JD - Construction & Financing for the Fulton County Jail Mechanical, Plumbing & Elevator Maintenance Upgrades

Dear Proposers:

Attached is one (1) copy of Addendum 1, hereby made a part of the above referenced Request for Qualifications (RFQ).

Except as provided herein, all terms and condition in the RFQ referenced above remain unchanged and in full force and effect.

Sincerely,

Joyce Daniel

Assistant Purchasing Agent

RFP#05RFQJAIL-JD — Construction & Financing for the Fulton County Jail Mechanical, Plumbing & Elevator Maintenance Upgrades
Addendum No. 1
Page Two

This Addendum forms a part of the contract documents and **modifies** the original RFQ documents as noted below:

- Exhibit C Schedule of Intended Subcontractor Utilization (attached for inclusion in the RFQ submittal package). The EBO Plan and Exhibit C are to be submitted in a separately sealed envelope and marked <u>Contract</u> <u>Compliance Forms</u>.
- 2. The Fulton County local preference in contracting code will apply for submittal of the future RFP (Request for Proposal) to those bidders that would have met the score qualification requirements of the RFQ (Request for Qualifications) for this project as stated.

Sec. 102-358. Local preference in contracting.

- (a) Except as may otherwise be required by applicable state or federal law, in the contracting for goods and services of all kinds and description, when such goods or services are to be obtained, whether through an invitation for bids or a request for competitive sealed proposals, local preference shall be given to businesses having a business location within the geographic boundaries of Fulton County.
- (b) For purposes of this section, the term business location means a physical structure, office, or suite, but does not include a post-office box or a temporary job or project site location.
- (c) Whenever goods or services of any kind or description are to be obtained through the solicitation of competitive sealed proposals, local preference shall be included as an evaluation criteria to be considered by the vendor selection committee. In this regard, ten percent of the total points available to each proposer shall be awarded on the basis of whether the proposer has a business location within the geographic boundaries of Fulton County. Proposers having a business location within Fulton County shall be entitled to and shall receive the local preference points provided for in this section.
- (d) Whenever goods or services of any kind or description are to be obtained through an invitation for bids, for the purpose of making an award to the lowest responsible bidder, and two or more bidders have submitted the lowest bid with each of said bids being otherwise equal with respect to quality and service, but only one such bidder has a business location within Fulton County, then the recommendation for award shall be in favor of the bidder having a business location within Fulton County.
- (e) Whenever a proposal or bid is submitted by a partnership or joint venture, the local preference provided for in this section shall be awarded if the proposer or bidder, or any member of the proposer or bidder, defined as a business that is a signatory to the partnership or joint venture agreement, has a business location within Fulton County. No

(Res. No. 99-1484, 12-1-99; Res. No. 02-0729, 6-19-02; Ord. No. 03-1290, 11-5-03)

3. Revised: Section 3, 3.4 Qualifications Submittal Format and Content-Section 2-Qualifications and Experience, A, on page 3-3, weighted points should read 50 points max.

## ACKNOWLEDGEMENT OF ADDENDUM NO. 1

The undersigned proposer acknowledges receipt of this addendum by returning one (1) copy of this form with the proposal package to the Purchasing Department, Fulton County Public Safety Building, 130 Peachtree Street, Suite 1168, Atlanta, Georgia 30335 by the RFP due date and time **Monday**, **July 18**, **2005 no later than 11:00 A.M.** 

| This is to acknowledge receipt<br>2005. | t of Addendum No. 1, day of            |
|---|--|
|   | Legal Name of Bidder                   |
|   | Signature of Authorized Representative |
|   | Title                                  |

## **EXHIBIT C - SCHEDULE OF INTENDED SUBCONTRACTOR UTILIZATION**

If the bidder/proposer intends to subcontract any portion of this scope of work/service(s), this form **must be** completed and **submitted with the bid/proposal**. All prime bidders/proposers **must** include Letter(s) of Intent (Exhibit D) in the bid document for all subcontractors who will be utilized under the scope of work/services.

| Prime Bidder/Proposer:  |   |  |  |  |
|---|---|--|--|--|
| ITB/RFP Number: Project Name or Description of Work/Service(s): |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
| 1.  | My firm, as Prime Bidder/Proposer on this scope of work/service(s) isis nota minority or female owned and controlled business enterprise. (Please indicate below the portion of work, including, percentage of bid/proposal amount that your firm will carry out directly): |  |  |  |
| 2.  | If the Prime Bidder/Proposer is a Joint Venture, please complete Exhibit F: Joint Venture   |  |  |  |
|   | Disclosure Affidavit and attach a copy of the executed Joint Venture Agreement.   |  |  |  |
| 3.  | Sub-Contractors (including suppliers) to be utilized in the performance of this scope of work/service(s), if awarded, are:  |  |  |  |
| SUB<br>ADD  | CONTRATOR NAME:RESS:  |  |  |  |
|   | NE·   |  |  |  |
| CON   | TACT PERSON:  |  |  |  |
| ETH   | NIC GROUP*: COUNTY CERTIFIED**  |  |  |  |
| WOF   | RK TO BE PERFORMED:   |  |  |  |
| DOL   | LAR VALUE OF WORK: \$ PERCENTAGE VALUE:%  |  |  |  |

\*Ethnic Groups: African American (AABE); Asian American (ABE); Hispanic American (HBE); Native American (NABE); White Female American (WFBE); \*\*If yes, please attach copy of recent certification.

OCC-Exhibit C Revised 3/29/05 OFFICIAL FORM-DO NOT ALTER

| SUBCONTRATOR NAME:  |   |   |
|---|---|---|
| ADDRESS:  |   |   |
|   |   |   |
| CONTACT PERSON:   |   |   |
| FTHNIC GROUP*   | COLINTY CERTIFIED**                       | *************************************** |
| WORK TO BE PERFORMED:   | COUNTY CERTIFIED**                        | <del></del>                             |
|   |   | *************************************** |
| DOLLAR VALUE OF WORK: \$  | PERCENTAGE VALUE:                         | %                                       |
|   |   |   |
| SUBCONTRATOR NAME:  |   |   |
| ADDRESS:  |   | ······································  |
|   |   |   |
| PHONE:  | COUNTY CERTIFIED**                        |   |
| CONTACT PERSON:   | COLINITY OFFITIFIED++                     |   |
| MORK TO BE DEDECOMED:   | COUNTY CERTIFIED^^                        |   |
|   |   |   |
| DOLLAR VALUE OF WORK: \$  | PERCENTAGE VALUE:                         | %                                       |
|   |   |   |
| SUBCONTRATOR NAME:  |   |   |
| SUBCONTRATOR NAME:ADDRESS:  |   | ·····                                   |
|   |   |   |
| PHONE:  |   |   |
| CONTACT PERSON:   | COLINITY CERTIFIED **                     |   |
| WORK TO BE PERFORMED:   | COUNTY CERTIFIED**                        | ····                                    |
|   |   |   |
| DOLLAR VALUE OF WORK: \$  | PERCENTAGE VALUE:                         | <u>%</u>                                |
|   |   |   |
| SURCONTRATOR NAME:  |   |   |
| SUBCONTRATOR NAME:ADDRESS:  |   |   |
|   |   |   |
| PHONE:  | ***************************************   |   |
| CONTACT PERSON:  ETHNIC GROUP*:   | COUNTY CERTIFIED**                        |   |
| WORK TO BE PERFORMED:   | COUNTY CERTIFIED                          |   |
| TVOINT O DE L'EIN ONNIED.   | ***************************************   |   |
| DOLLAR VALUE OF WORK: \$  | PERCENTAGE VALUE:                         | %                                       |
| *Ethnic Groups: African American (AABE);  | Asian American (ABE); Hispanic American ( | HBE);                                   |
| Native American (NABE); White Female American (WFBE); **If yes, please attach copy of receivertification. |   |   |

OCC-Exhibit C Revised 3/29/05 OFFICIAL FORM-DO NOT ALTER

| Total Dollar Value of Subcontractor Agreements: (\$)  |  |  |  |
|---|--|--|--|
| Total Percentage Value: (%)   |  |  |  |
| be bound by the Bi and conditions regais legally authorize Exhibit and that sak knowledge and bel and representations failure of the intent the County, then in shall constitute a m for default. The rig | The undersigned certifies that he/she has read, understands and agrees to id/Proposer provisions, including the accompanying Exhibits and other terms arding sub-contractor utilization. The undersigned further certifies that he/she do by the Bidder/Proposer to make the statement and representation in this id statements and representations are true and correct to the best of his/hei ief. The undersigned understands and agrees that if any of the statements are made by the Bidder/Proposer knowing them to be false, or if there is a sions, objectives and commitments set forth herein without prior approval of any such event the Contractor's acts or failure to act, as the case may be naterial breach of the contract, entitling the County to terminate the Contract, that to so terminate shall be in addition to, and in lieu of, any other rights and the may have for other defaults under the contract. |  |  |
| Signature:  | Title:   |  |  |
| Firm or Corporat  | e Name:  |  |  |
| Address:  |  |  |  |
| Telephone: (  | )  |  |  |
| Fax Number: (   | )  |  |  |
| Email Address:  |  |  |  |